MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

10/088751**

FILING DATE

APPLICANT(S)

CLAIMS

	1		AFTER		AFTER		7
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DEP. TOTAL CLAIM			Sandanista.		1896 September 201		ACCOMMON TOWNS
CLAIM	s						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

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